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CASE EL/2-21812/A/CONT/DIV

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Box Patent Application

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Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Heinz Wolleb, Annemarie Wolleb, Beat Schmidhalter and Jean-Luc Budry**

For: **Metallocenyl-phthalocyanines**

☒ This application is a divisional of Serial No. **09/365,471**, filed on **August 2, 1999**.

Enclosed are:

☒ 41 pages of specification including claims

☒ 1 page(s) of abstract

☒ Declaration and Power of Attorney (copy) (For continuations/divisionals)

☒ The entire disclosure of the prior application, from which a copy of the declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☒ Amend the specification by inserting before the first line:

This is a divisional of application **09/365,471**, filed on **August 2, 1999**.

☒ Priority of application No(s). **1653/98** filed on **August 11, 1998** respectively; in **Switzerland** is claimed under 35 U.S.C. 119.

A certified copy of each priority document is

☒ of record in application No. **09/365,471**, filed on **August 2, 1999**.

☒ Please cancel claims **claims 2-6** prior to calculating the fees.

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|------------------------------------|-----------------------|-----------------|-----|-----------------|--|---------------------|----------|
| Basic Fee | | | | | | | \$740.00 |
| Multiple Dependent Claims (\$280) | | | | | | | |
| Foreign Language Surcharge (\$130) | | | | | | | |
| | For | Number Filed | | Number Extra | | Rate | |
| EXTRA Claims | TOTAL CLAIMS | 6 | -20 | 0 | | \$18 | = |
| | INDEPENDENT CLAIMS | 1 | -3 | 0 | | \$84 | = |
| | | | | | | TOTAL FILING FEE | \$740.00 |

Please charge Deposit Account No. 03-1935 in the amount of \$740.00. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,



David R. Crichton
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